

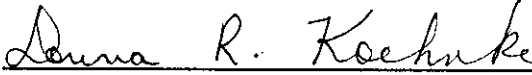
# UNITED STATES INTERNATIONAL TRADE COMMISSION

## SUMMARY VOTING SHEET FOR RESPONSE ADEQUACY AND EXPEDITED OR FULL FIVE-YEAR REVIEW

Subject	Reference Information
Oil Country Tubular Goods from Taiwan: Investigation No. 731-TA-277 (Review)	Control No. INV-99-602

Individual Responses (A = Adequate, I = Inadequate)	Bragg	Miller	Crawford	Hillman	Koplan	Askey	Commis- sion
Domestic (U.S. Producers)							
Lone Star Co.	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
Maverick Tube Corp.	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
North Star Steel Ohio	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
Group Responses (A = Adequate, I = Inadequate)	Bragg	Miller	Crawford	Hillman	Koplan	Askey	Commis- sion
DOMESTIC	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A	<input type="checkbox"/> A
RESPONDENT	<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> I	<input type="checkbox"/> I

Expedited or Full Review	Bragg	Miller	Crawford	Hillman	Koplan	Askey	Commis- sion
EXPEDITED: DOMESTIC GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPEDITED: RESPONDENT GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X

SECRETARY'S CERTIFICATION OF COMMISSION ACTION	
 _____ Secretary	Date 8/5/99